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For the American Medical Intelligencer.

ART. I.—ON THE ECLECTIC TREATMENT OF DELIRIUM  
TREMENS.

BY THE EDITOR.

In a recent work (*Practice of Medicine*, vol. 2, p. 346. Philad. 1842) we have stated, that the course pursued by us, in the treatment of delirium tremens, has been entirely eclectic, in many cases expectant, and that the results have been such as to satisfy us. Under the view which we entertain of the nature of the affection,—that the irregularity of nervous action is usually induced by the withdrawal of an accustomed stimulus, and that the recuperative powers are, generally, entirely sufficient to bring about the necessary equalisation, we have treated the mass of the cases which have fallen under our care without either excitants proper, or opiates. In the first instance, an emetic is given at times, if the patient is seen whilst labouring under the effects of a debauch, or any particular reason exists for its administration; and afterwards a state of tranquillity in the chamber is enjoined—the intrusion of too much light and noise being prevented; and, where the stomach will retain it, gently nutritious and easily digestible diet is prescribed; the bowels being kept open by gentle cathartics: and this has comprised the essential part of our treatment. In time, the hallucinations have disappeared, sleep has returned, and entire restoration supervened.

The preceding remarks are a proper prelude to the statistical account of the Women's Lunatic Asylum, at the Philadelphia Hospital, for the years 1840 and 1841, which is under our charge during the six months commencing on the first of November, and ending on the first of May; and under that of Dr. Pennock for the other half of the year. It may be proper to add, that since November 1, 1841, to the present time, (May 1,) not a drop of alcoholic liquor has been used in the treatment of delirium tremens in the Women's Asylum, although some severe cases in the third stage have occurred, which, notwithstanding, terminated most satisfactorily.

*Patients admitted into the Women's Lunatic Asylum of the Philadelphia Hospital.*

## YEAR 1840.

	Cases admitted.	Cured.	Died.
Intoxication, - - - -	25	—	—
Delirium tremens, first stage, -	34	34	—
do. second stage,	10	10	—
do. third stage,	4	3	1

The fatal case was not seen by us. The patient died on the morning after her admission into the hospital, and had been treated in the city for nearly a week previously.

## YEAR 1841.

	Cases admitted.	Cured.	Died.
Intoxication, - - - -	19	19	—
Delirium tremens, first stage, -	21	21	—
do. second stage,	9	9	—
do. third stage,	6	6	—

For the American Medical Intelligencer.

ART. II.—Account of the POST-MORTEM examination of a Case of DEAFNESS, in which were found an abnormal State of the OSSICULA AUDITUS, with other irregularities in one Ear, and Destruction of the MEMBRANA TYMPANI and disorganisation of the soft parts in the Tympanum, &c. in the other.

BY JOSHUA J. COHEN, M. D. OF BALTIMORE.

[The following valuable communication was read before the American Philosophical Society, at a recent meeting; and is noticed in the "Proceedings" of that body. It has rarely happened that opportunities have been embraced for examining into the condition of the organ of hearing in cases of deafness, or that they have fallen within the observation of an investigator so competent as the author of this Paper.—Ed.]

The facts contained in the following paper have been deemed worthy of note, as adding one more example to the few on record of the undeveloped or rudimentary condition of a portion of the organ of hearing in man. For this reason the case has been thought of sufficient interest to claim the honour of the attention of the members of this society. Although the irregularity belongs to a very minute structure of the human body, it is nevertheless connected with an important organ, whose whole structure is minute, and in which every deviation, however slight, from the usual normal state, must influence, more or less, the proper exercise of its function.

Those members of the society who have been engaged in investigating the pathological conditions of the organ of hearing, and have felt, like myself, even with our present improved methods of investigation, the difficulties attendant thereupon, from the want of a series of well-observed facts, will, I am sure, receive with due attention, every contribution that may tend, in the slightest degree, to illustrate the condition upon which manifestations of disease depend.

CASE.—While engaged in September last in some investigations upon the ear, at the Baltimore County Alms-house, my attention was called by Dr. Cunningham, one of the resident physicians, to the case of a man (æt. about 40) who had just died, and who, during his residence of six months in the

house, laboured under great difficulty of hearing. He died of tubercular phthisis, and the examination which Dr. C. made, showed the usual condition of the lungs in that disease.

Glad of the opportunity, so rarely afforded, to investigate *post-mortem* the condition of the organs of hearing of one who, it was known, was deaf, I readily availed myself of the information, and proceeded at once to examine the state of the brain and seventh pair of nerves. These parts were carefully dissected, but there was observed no change from the usual condition.

In order to examine at greater leisure, and more carefully than I could do at the moment, the several parts of the minute apparatus of the organs of hearing, and particularly to note the condition of the Eustachian tubes, a portion of their structure which has lately attracted much attention in cases of deafness, I removed the whole lower part of the skull, so as to preserve the connection of these tubes, and on the following day observed the appearances now to be described.

*Eustachian Tubes.*—These were found in nearly the same state on each side: their guttural orifices were unusually large. The cartilages around them were much developed, particularly that of the right tube. The tubes themselves were unobstructed in their whole extent, and their diameters even larger than common.



*Right Ear.*—The external ear and meatus presented the usual appearance—the latter having been sawed off so as to expose the *membrana tympani*; this membrane, instead of the uniform, clear, semi-transparent and glistening character usually observed, with its concavity only towards the middle, was of a dull and dark appearance, irregular, and evidently thickened; the concavity extending from the circumference, saucer-like: the whole membrane being drawn inwards.

The bone was now cut through so as to show the cavity of the tympanum. This was found to be very much narrowed by the approximation of the *membrana tympani* to the opposite walls; and, instead of a clear, empty space for the ossicles, &c. the tympanum was filled with muco-fibrous membranes passing from the *membrana tympani* to the posterior wall, presenting a cellular structure.

Perceiving some irregularity in the ossicula, I carefully divided these membranes, in order to get a distinct view of the bones *in situ*: when the *tensor tympani muscle* was exposed, I found that the *membrana tympani* with its ring of bone was only bound down in its place by this connection; the chain of bones being incomplete. Before separating this bond of union, I noted the unusual shortness of the tendon of the muscle of the malleus, and that it was attached to the handle of this bone throughout its whole length, thus drawing down the bone, and with it the *membrana tympani* to within a line of the cochleariform process. This tendon having been divided, and the *membrana tympani* with its ring of bone separated, the following abnormal state of the bones was seen:—

*Ossicula Auditûs.*—The *malleus* was normal, but its relation to its proper muscle irregular, as above described.

*Incus.*—This bone was undeveloped. Its size and form will be better understood by a reference to the accompanying drawing. It has a small articulating surface, by which it is closely attached to the corresponding surface of the malleus—from this a very short process extends backwards towards the mastoid cells, not reaching, however, beyond the circumference of the *membrana tympani*, to which it was attached closely by a thick fold of membrane reflected from the latter. This constituted the whole bone.

*Stapes.*—The stapes was wanting, with the exception of the *base*—this was nicely adapted to the size of the *fenestra ovalis*, leaving, as is usual, a small space all around for the circular ligament, by which it was retained in place.

Upon the tympanic side of this *basis*, and almost filling up the *fossa*, there

was a quantity of membranous substance, which connected itself with the cellular structure already described. The *fenestra rotunda* was covered by the same.

**Muscles.**—The muscle of the malleus (*tensor tympani*) was strongly developed: its tendon was short and very thick, and its attachment peculiar, as above mentioned. The muscle of the stapes (*stapedius*) existed, but there was no tendon at the small orifice at the summit of the pyramid. Thus, in regard to both these muscles, the development seemed in accordance with the function required of them. In the one case, as no stapes existed, the *stapedius* was only partially developed. In the other, the *tensor tympani* had alone to keep the *membrana tympani* in place, and it seemed to do so by its short thick tendon.

The other parts of the organ appeared to be in a normal state.

**Left Ear.**—External ear and meatus were healthy. On cutting away the meatus, the *membrana tympani* was found to have been entirely destroyed, with the exception of a very thin slip at the anterior inferior edge. The tympanum was thus fully exposed: it contained a quantity of yellowish, fetid matter, and its lining membrane was completely disorganised.

**Ossicula.**—The *malleus*, though its *handle* was depressed, was still attached to the *incus*; but the union was slight, the ligamentous and mucofibrous connections being involved in the general disorganisation.

The *incus* was in place: its long *crus* extended to the stapes, but it merely rested upon the latter, the bond of union being broken up, and the least motion separating the bones.

The *stapes* seemed to stand merely in its *fossa* over the *fenestra ovalis*; it was not bound down by its appropriate band, being easily moved from its position. The ligament (*ligamentum annulare bas. stap.*) forming the important connection between its base and the surrounding bone was entirely destroyed.

The tendon of the *tensor tympani* was disorganised, and that of the *stapedius* destroyed.

The whole condition of the tympanum showed a recent active suppuration, which did not confine itself to this part: the vestibule was penetrated, as well as the mastoid cells; the latter were covered with pus.

The cochlea and one of the semicircular canals were examined a day or two subsequently—but there was nothing remarkable about them, at this time, worthy of note.

Having completed the examination, it became a matter of great interest to me to know something more of the man's hearing, and in reply to my inquiries on the subject, Dr. Cunningham was good enough to address me a letter, in which he says, "The man had resided in the house six months, and it was observed by the nurses of the hospital that his deafness had considerably increased from the time of his admission to that of his death. During the latter part of this time, the difficulty of hearing was so great as to preclude any conversation with him." "An inmate of the house," continues Dr. C., "has lately informed me that he knew W. some six or seven years ago, at which time he was in the habit of attending the markets: he was somewhat deaf even at that time, but could hear when spoken to in a moderately loud tone. He also informed me that he noticed W. when addressed, to incline his *left ear* to the speaker, from which, I suppose, we must infer, that the loss of the faculty was less on that side."

From this information, together with the facts disclosed by the *post-mortem* investigation, I think we are justified in the conclusion, that the faculty of hearing in the right ear was either entirely wanting, or was very much impaired; for the custom of turning the head round, so as to make use of the left ear, must have been very decided to have been remembered after the lapse of years; it was doubtless a habit that had become identified with his person. Independently of the general inference that every deviation from the normal state of an organ must be attended with an impairment, if not a



loss of the function of that organ, the irregularity in this (right) ear was very great, and obviously calculated, from the known laws for the propagation of sound, to impair its communication.

Had the *membrana tympani* been capable, in its abnormal state, of communicating sonorous vibrations, the relation of the *malleus*, in contact with it, to the parts within, would have conducted them indirectly to the nervous expansion within the labyrinth; for it will be recollected, the chain of ossicles was broken up by the absence of an important link. But the tense condition of the *membrana tympani*, as it here existed, was not well calculated for the communication of sound, had the other parts of the organ been perfect. The experiments of Savart and Müller show that under this state of a membrane, the intensity in the communication of sonorous undulations is much diminished, and Dr. Wollaston, in applying the principle to the membrane of the ear, found, by experiment, that a temporary imperfection of hearing always resulted when it was made tense. It is true that the experiments of Dr. W. showed that this incapacity had reference only to certain sounds; (for when the *membrana tympani* was made tense, grave sounds only were rendered inaudible;) still, for the perfection of hearing conversation, there should be an equal capability both for acute and grave sounds.

As to the influence upon the function of the ear, of the several other parts in their abnormal condition, many suggestions offer themselves to the mind. It may be worthy a passing inquiry, how far nature may have intended, by bringing down the handle of the *malleus* in such close proximity to the walls of the labyrinth, to compensate for the usual communication, through the chain of bones, to the vestibule.

One more remark may be made; that if the *membrana tympani* had been capable of communicating vibrations to the *air* within the tympanum, the base of the stapes, or operculum, like the same moveable plate in some of the reptiles without a tympanum, offered no impediment to the communication of the undulations to the fluid of the labyrinth.

In regard to the condition of the *left ear*, the result of disease, we are much more familiar, and can readily understand, under the supposition that the right ear was unfit to perform its function, how the hearing of the individual, towards the close of his life, became so much impaired, or was probably entirely lost. It is likely, judging from the state in which it was found *post-mortem*, that the *membrana tympani* was for a long time in a state of ulceration, with perforation; and that this was its condition six or seven years ago, the time spoken of in reference to the hearing. This is a very common cause of impaired hearing in scrophulous persons. My observations in numerous cases have shown, that in such cases, where the perforation is of small extent, the hearing is only partially lost or slightly impaired. Where the ulceration extends, so as to produce entire loss of the *membrana tympani* even of both ears, although the hearing is much more impaired, yet if the disease be limited to this membrane only, it is not so much injured as would be, *a priori*, supposed. Even when the disease is allowed to extend to the parts within the tympanum, and the *malleus* and *incus* come away, if the ulceration do not embrace the ligament and membranes binding the stapes to its place, the loss of the faculty is still not great. Should, however, this part become affected, the stapes generally comes away, the inner structure of the ear becomes involved, and loss of the faculty is the result.

I cannot but believe, that such was the progress of disease in this ear. The increase of the deafness was doubtless owing to the increase of the ulcerative process in the ear, corresponding to the development of the same condition in the lungs. The whole *membrana tympani* was destroyed; the fibrous or fibro-mucous tissue of the tympanum became implicated; the ligament or membrane connecting the stapes to the fenestra ovalis was destroyed, and the inner and more important parts of the organ were involved. That this extension of the ulceration could not long have existed, to the degree found at the post-mortem examination, is probable, from the position

of the ossicles. I have generally found that when this destructive disease is not soon arrested, the malleus and incus come away. In the present case, the falling off of the vital powers seems to have involved the whole texture of the tympanum at once; the bones were undisturbed in their position, the stapes stood in its place, whilst all the surrounding textures were destroyed, and very great, if not entire loss of the faculty was the result, in the short period he remained in the hospital.

Instances of irregular development of the ossicula auditus, and other malformations of the ear, are not entirely wanting in the works of anatomists. Pathologists, however, have had few opportunities of presenting such cases in connection with impaired function of the ear, previously observed. Morgagni<sup>1</sup> makes mention of two cases, certain of the features of which bear some resemblance to our present one. In speaking of the various causes of deafness, he says, "It is not to be doubted but that their number may be increased every day, as, for instance, when *innumerable membranes drawn from all sides, and intersecting each other, mutually occupy the whole cavity of the tympanum*; as I found in that ear, in regard to which marks were not wanting, that the man had not heard at all, or at least very little; and in like manner, *when any muscle out of those which serve to the motion of the little bones in the tympanum is immovable and contracted*, as I found in another man, who, when he was alive, if any one could have divined, would not, I believe, have been interrogated, to no purpose at all, concerning the certain disorders of that ear."

It may be well to observe before concluding, that if the abnormal state of the incus and stapes, as found in the present case, be the result of an arrest of development, it would go to confirm the opinions of Meckel rather than those of Cassebohm in regard to the order of development of the ossicula: for the details of which I beg leave to refer to the well known work on anatomy of the former. And in regard to the small portion of the stapes that exists in our case, the remarks<sup>2</sup> of Professor Tiedemann of Heidelberg seem apposite. In describing two cases of peculiarly formed *stapedes*, he remarks that such is the infinite variety presented by the animal organisation in all its parts, that we cannot fail to observe a well marked gradation from the most simple to the most perfect of beings, and that every aberration in the form of any of the organs of the upper groups approximates them to that of the inferior ones. In illustration of which, Professor T. describes two cases, one of them in a new-born child, the other in an adult, where the *stapedes* were so altered in form as closely to resemble the *columella* of the *ornithorhynchus*, the *echidnas*, and that of birds and reptiles.

In the case described in this paper, does not the absence of every part of the *stapes*, with the exception of the *base*, liken it to the osseous operculum found in the *bombinatores*, *land salamander*, and *cæciliæ*; of the effect of which, in the communication of sonorous undulations I have already spoken?

### ART. III.—PRUSSIATE OF IRON IN INTERMITTENTS.—CONGESTIVE FEVER.

[Extract of a letter to the Editor, from J. E. Craighead, M. D., Somerville, West Tennessee, dated April 26, 1842.]

"In the absence of sulphate of quinia, as we got out of it last year, I have used prussiate of iron very successfully in intermittents last fall.

"The most successful plan I have found for treating the congestive fever of this country is to bleed in the cold stage, purge freely, and break up the

<sup>1</sup> De Sedibus et Causis Morborum.

<sup>2</sup> Journal Complém. du Dict. des Sc. Med. Nov. 1820.

chain of morbid actions by powerful doses of tonics, bark, or sulphate of quinia. The sulphate of quinia we usually get here is so adulterated, that I frequently use five grain doses every two hours without any unpleasant effects. I have never yet lost a case of congestive fever, though I have had a good many during the last six years."

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#### ART. IV.—ON CONGESTIVE FEVER.

[Extract of a letter from Dr. Jos. J. Thaxton, Williamsville, Person county, N. C., to Professor Pancoast, dated March 25, 1842.]

In your letter you mentioned the congestive fever that prevailed among us in this county; my notes were not made with much exactness, nor did I enter them in my regular note book, in consequence of their having been made from the first cases, and from my not having at the time considered it as a distinct fever, but one that was influenced by some local cause, and thus differing from the ordinary fevers of the season. It afterwards invaded a great portion of our state, depriving us of many of our first citizens, and producing great terror in every neighbourhood.

On inquiring into the manner of their attack, I was informed that they had appeared drowsy for several days previously, and had frequently disturbed bowels, with copious discharges, which resembled in consistence and colour newly made cider, from sweetening apples, which discharges continued for several days, and for which calomel was generally given by some of the domestics—from ten to twenty grains—with no other effect than the addition of a sediment resembling the refuse of drained ashes. They also complained of pain in the head, back of the neck, and shoulders, and sometimes of pain in the region of the umbilicus. The temperature of the body was very high; the extremities were cold; the pulse 125, and labouring, as if the passage of the blood was difficult; mouth dry; tongue coated with a dark brown fur—in one case very smooth and shining—pulsations of the heart not felt at the lower portion of the sternum or sixth rib. The stethoscope enabled us to hear the circulation through the heart, which was very laborious, and indicated a dull and sluggish action; the liver seemed inactive, and sometimes so enlarged as to be felt below the ribs.

After the lapse of a few days from the cessation of the first diarrhœa, a second would supervene, the discharges containing scybala of the size of a hazle-nut or larger, preceded or accompanied by tympanitis, which was considered by many as a fatal indication. After its continuance for a day or two, the sufferer would shrink into a languid and almost insensible state, and the dejections pass involuntarily; and thus death would ensue,—the pulse being never below 125, and barely distinct at the wrist.

There was a peculiar odour through the entire disease, and a cessation of the secretions, with the urine scanty and high coloured. Medical aid was generally neglected until the cessation of the first diarrhœa, and the super-vention of great heat of the body, with cold extremities; the heart labouring greatly. We resorted to venesection, to not more than ten ounces, in consequence of the want of tolerance of the system, and the blood ceasing to flow. Frictions, with flour of mustard, and other excitants were also employed; and after the lapse of a few hours there was a greater tolerance, so that the blood flowed much more freely, which generally restored the warmth of the extremities; but there remained a disposition to periodical returns of coldness of the extremities, which was met by the frictions and sulphate of quinia. This periodicity was more distinct in the advanced stage.

Owing to the irritability produced by calomel, I ordered the blue mass with Dover's powder—four grains of the former and ten of the latter, every two hours, until five or six were taken and a discharge was produced; the tympanitis and diarrhœa supervened after a few days, and from the scybala

voided I was induced to use injections for their removal, with sinapisms over the umbilical region. The congested and dormant state of the liver was generally relieved by blisters over its region. In the collapsed state, which I found to be a general accompaniment of the disease, it became necessary to use tonics, viz. bark, &c.

I neglected to state that, in several cases, there was a slight eruption about the face, neck, and shoulders, resembling miliary pimples.

## BIBLIOGRAPHICAL NOTICES.

### *Gerhard's Lectures on Diseases of the Chest.*<sup>1</sup>

These Lectures were originally published in the "Examiner," of which the author is one of the editors. The volume is in double column, and in type as set up in the pages of that journal; hence, the author apologises in the preface for "numerous errors of style," and "for those typographical errors which may strike the reader;" and the apology merits reception. As much weight may not perhaps be given to the reason assigned by Dr. Gerhard for having made few or no references to authors, "these," he remarks, "seemed unnecessary, for the history of the diseases of the chest is so well known, that there is little difficulty in determining the source from which the recent discoveries have originated;" and he adds, farther on, "the lectures included in this volume contain the results of the author's observation, derived indirectly from the different authors who have written on the subject, but in all cases verified at the bedside or in the amphitheatre. They are not, therefore, properly a compilation, which would require a citation of authorities, but are immediately deduced from clinical observation."

It is immaterial what appellation is given to the work. It contains the results of the investigations of distinguished practitioners, in all cases, according to Dr. Gerhard, carefully observed and verified or disproved by himself; but such verification or disproof does not, in our opinion, deprive those preceding observers of the credit to which they are justly entitled, or diminish the propriety of citing them as authorities. It would have been important, too, we think, to the inquirer, that such reference should have been made, inasmuch as it would have enabled him to see whether the statement were made by others than the author, and to separate that which the author had suggested from that which had emanated from his predecessors and contemporaries. Besides, there are many topics in the work on which difference of sentiment still exists, and in regard to which it would have been proper to state that they are still unsettled. For example, Dr. Gerhard remarks that "passing from the root of the lung a gradual diminution is found in the loudness of the bronchial sound, but it is still heard as far as the summit, and much more distinctly on the right side than on the left. The difference in the two sides arises from the anatomical structure; for the tubes leading to the upper part of the right lung are shorter and larger

<sup>1</sup> Lectures on the Diagnosis, Pathology and Treatment of the Diseases of the Chest. By W. W. Gerhard, M. D., Lecturer on Clinical Medicine to the University of Pennsylvania, Physician to the Philadelphia Hospital, Blockley, &c. &c. Large 8vo. pp. 157. Philad. 1842.



than those going to the left, on which side the large bronchus passes under the aorta, and is therefore much longer and more tortuous than upon the right. The larger but shorter tubes of course approach much more nearly than the longer and smaller ones to the physical condition of the trachea, in which the air circulates with such freedom as to give rise to the loudest double blowing sound. The louder blowing sound exists on the right side, both at the anterior and posterior part; hence a given amount of induration of structure, which may tend to increase the loudness of this sign, will be much more perceptible on the right side than on the left—while, on the other hand, a perfectly natural peculiarity may be mistaken for disease. The blowing sound, if it be heard only on the right side, must be well characterised to become a sign of disease, and is not of much value unless combined with other corroborative evidence.”—p. 29.

The reader would naturally conclude, from these observations, that no question could exist as to the fact of this difference of sides; yet Fournet—an excellent observer—has satisfied himself, that in persons presenting all the characteristics of healthy lungs, the sounds of inspiration and expiration are precisely identical in all corresponding points. In the few persons in whom he detected a slightly greater development of the expiration under the right than under the left clavicle, there were some motives for a doubtful opinion respecting the state of the lungs. M. Fournet expresses, indeed, the opinion from the physical condition of the two lungs, that there is no reason why they should furnish different respiratory sounds. Again, another practised auscultator—Stokes—dwells especially on the importance of the “discovery” made by him, that in many persons there is a natural difference between the intensity of the murmur in either lung; and in such cases, “with scarcely an exception, he found the murmur of the left to be distinctly louder than that of the right lung.” It would appear, indeed, and such—as we have elsewhere said—is the result of our own observation, that, at times, there is no marked difference between the two sides; that, at others, the intensity of the inspiratory murmur is greater on the right side, and at others on the left.

Again, Dr. Gerhard states, that in gangrene of the lungs, as an average result, about one half of those attacked die. “In hospitals, the mortality is rather greater, amounting to three fifths, while in private practice, it is probably about two fifths;” whilst, on the other hand, Dr. Craigie describes it as a disease, “the presence of which it is difficult to distinguish in the early stages from that of other diseases of the lungs; its determining causes are totally unknown; and it is not known that, in any genuine instance of it, the patient has made a recovery.”

We are aware that there are indolent individuals in the ranks of the profession, who desire but the *ipse dixit* of the writer of any work, and who would rather not be puzzled by any conflicting testimony, preferring even error to uncertainty. Yet these, happily, are becoming daily fewer and fewer, and a deep and abiding search after truth, fostered by a well founded and judicious scepticism, is gradually dispelling the baneful influence of the *verba magistri*, under which medical science has so long suffered. We would, therefore, have greatly preferred the citation of authorities for and

<sup>1</sup> Practice of Medicine, i. 225. Philad. 1842.

against many of the positions assumed by the author of the work before us; still, we find a sufficient excuse for the omission, not in the reasons assigned in the Preface, but in the fact, that it consists often of reports of lectures, in which we can readily comprehend such citation might not have been convenient or practicable.

The greater part of the volume is occupied with lectures on diseases of the lungs; the remainder embraces diseases of the circulatory system; on all of which subjects there is much interesting and valuable matter. On the therapeutical portion—to which much less space is given than to the diagnosis—we would have made some comments, but our space will not admit of them.

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*The Western Lancet.*<sup>1</sup>

This is a new candidate for the professional favour, of the West more especially. It appears in a good dress; and its execution is creditable to its editor. It consists of Original Communications, Bibliographical Notices, Miscellaneous Selections, and Intelligencer, and an Editorial Department; and is to appear monthly, at three dollars *per annum*, payable in advance. "Uninfluenced," says the editor, "by sectional or party interests, and free from the debasing effects of *clique* government, we will in all sincerity endeavour to promote harmony and unity of action, and never permit our journal to become a medium for conveying off the *debris* of personal collisions."

We heartily wish Dr. Lawson every success.

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*Coates's School Physiology.*<sup>2</sup>

This little volume strikes us as well adapted for the object which the author had in view. It contains, in epitome, an account of such phenomena, presented by the living body, and especially by that of man, as could be embraced with propriety in a work adapted for the instruction of the young. We can recommend it conscientiously and strongly to those who are engaged in the most honorable avocation of developing the powers of the youthful mind. We have repeatedly taken occasion to urge the importance of physiology as a branch of popular education, and are gratified to learn, that this view is becoming more and more embraced by the intelligent part of the community, under whose combined opinion all important changes in public instruction are sooner or later effected.

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*Trimmer's Geology and Mineralogy.*<sup>3</sup>

This work does not appertain directly to the profession of medicine. Yet it is on a subject with which every physician ought to be more or less ac-

<sup>1</sup> The Western Lancet, devoted to Medical and Surgical Science. Edited by Leonidas Moreau Lawson, M.D., May 1842. 8vo. pp. 28. Cincinnati, 1842.

<sup>2</sup> Physiology for Schools. By Reynell Coates, M.D., Corresponding Member of the National Institution, Washington City, and the New York Lyceum of Natural History, Member of the Academy of Natural Sciences of Philadelphia, &c., &c. Second edition revised. 12mo. pp. 333. Philadelphia, 1842.

<sup>3</sup> Practical Geology and Mineralogy; with Instructions for the qualitative analyses of Minerals. By Joshua Trimmer, F.R.S. 8vo. pp. 528.

quainted. Perhaps there is no one, which is more magnificent than Geology. It assuredly is second to none, unless we except Astronomy.

The work before us is excellently well adapted for the student of Geology and Mineralogy. It has not the redundancy of larger works, and yet it is sufficiently ample as an introduction to the whole subject, and is well worthy of the attention of those whose minds have recently been attuned more especially to the subject, by the able lectures that have been delivered in some of our principal cities. It is illustrated by numerous wood cuts.

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*Vegetable Physiology.*<sup>1</sup>

The number of physiological works to which we have had, from time to time, to attract the attention of our readers, sufficiently exhibits the growing taste for this species of philosophical inquiry. There was wanted, however, in our book stores, an elementary work on vegetable physiology. This want is well supplied by the work before us. It is written expressly for non-professional readers, and is consequently adapted for all—the language being clear, the style good, and the illustrations—which are numerous—entirely appropriate.

We can recommend its perusal strongly to our readers, and are of opinion, that it might be adopted, with much propriety, into our public and other schools.

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*Carpenter's Human Physiology.*<sup>2</sup>

This work exhibits all the mental characteristics of Dr. Carpenter—great knowledge of what has been done by others; clearness of conception, and lucidness of arrangement. Although entitled "Human Physiology," many of its details are on Histology and Histogeny, or on the minute anatomy, and development of tissues, which man possesses along with the rest of the animated creation. They, however, who are fond of such investigations—and who is there that is not more or less so—will find the transcendental as well as the more sober views of modern inquirers, well depicted, and we are consequently pleased to see it advertised amongst the forthcoming publications of the enterprising house of Lea & Blanchard of this city.

It may not be improper in us to remark, that Dr. Carpenter, in his preface, alludes to several works, the results of a large proportion of which he states have not been included in any previous publication on Human Physiology. Several of these had, however, been incorporated into the last edition of our own "Human Physiology," which has been before the profession ten months. This had not, however, reached Dr. Carpenter, as, whenever he alludes to the work, it is to the third edition, of 1838.

<sup>1</sup> A Popular Treatise on Vegetable Physiology, published under the auspices of the Society for the Promotion of Popular Instruction, with numerous cuts. 12mo. pp. 302. Philadelphia, 1842.

<sup>2</sup> Principles of Human Physiology; with their chief applications to Pathology, Hygiene, and Forensic Medicine, especially designed for the use of Students. By William B. Carpenter, M.D., Lecturer on Physiology to the Bristol Medical School, &c. 8vo. pp. 680. London, 1842.

## MISCELLANEOUS NOTICES.

*Medical College of Ohio, and Willoughby Medical School—Dr. Kirtland.*—Dr. Kirtland, Professor of the Theory and Practice of Physic in the Medical College of Ohio, has resigned the office, and accepted the chair on the same branches in the Willoughby Medical School.

We observe that the Trustees of the former school have given notice in the public prints, that no appointment will be made prior to the 15th of June, and that application should be made to D. K. Este, Esq., President of the Board, by those who are candidates for the situation.<sup>1</sup>

*New York Insane Hospital at Utica—Dr. Woodward.*—This gentleman, of whom we have so often made honourable mention—has been elected Superintendant and Physician to this great Asylum for the Insane Poor. When will it be permitted us to congratulate this community, and the cause of science and philanthropy in general, on the completion of a similar undertaking in Pennsylvania!

*Credulity of the People in regard to Remedies.*—It is not surprising, that the most ridiculous views in regard to medical theories and practice should prevail amongst the people, and that they should be ready to run after the practisers of any novel system, no matter how preposterous it may be, when we observe the amount of superstition and credulity that exists to a greater degree of course amongst the ignorant, but to a certain extent likewise amongst those that are better informed. Hence the hydropathist and homœopathist, the uroscopist and the Thomsonian find dupes enough for their mercenary purposes.

It would scarcely be credited were it not notoriously the fact, that the fortune teller is constantly consulted; and that there are many who believe that a person in a state of magnetic sleep can inspect the very entrails and pronounce as to their healthy or diseased condition!

Within the last few days, and in and near this enlightened city of Philadelphia, two cases have occurred, which do not speak strongly for the "march of mind" in these respects. The child of a respectable individual was recently bitten by a dog, which was supposed to be rabid. The father very properly invoked medical aid from the city, but in the mean time it was advised that a person, who had been very successful in the prevention of hydrophobia under similar circumstances, should be permitted to *prescribe*, which was agreed to. Accordingly, he directed an infusion of a common and innoxious vegetable; and farther, that a paper, on which was written the following jargon, should be swallowed three times a day:

Packs		Mocks		Packs
Packs		×		Mocks
Erin	×	O	×	Bocks.

The second case was one of porrigo on the leg, for which we were consulted by a respectable young Irish woman; the tar ointment was prescribed, under which the eruption improved. She was persuaded, however, that it could be permanently cured by one person only, who had gained

<sup>1</sup> The Western Lancet, May 1842. p. 48.



great reputation by removing cutaneous diseases by simply *spitting upon them*. Our patient subjected herself to one single *operation*: and the whole benefit was ascribed thereto!

Can we be surprised at any exhibition of credulity, when we know positively of the existence of such humiliating examples!

*Cooper's Surgical Dictionary*.—Dr. David M. Reese, Professor of the Theory and Practice of Physic in the Castleton Medical College, Vermont, is engaged in preparing for the press a new edition of Cooper's Surgical Dictionary. He proposes to add a supplementary appendix, in which he will record the improvements and operations of American surgeons since 1830—the date of the former American edition—together with a summary of all the new matter which Mr. Cooper has introduced concerning transatlantic surgery during the same period.

*Pennsylvania Hospital*.—Dr. Pepper.—The Board of Managers of the Pennsylvania Hospital have elected Dr. Pepper to the office of Physician to this institution, in the place of Dr. B. Coates, resigned. Dr. Pepper is a zealous and practised pathologist; full of enthusiasm in the profession of his choice; who has had ample opportunities both at home and abroad for developing his natural endowments, and for becoming a well informed and able physician.

*College of Pharmacy*.—Dr. Bridges.—The office of Professor of Chemistry having been vacated by the resignation of Dr. William Fisher, we are gratified to find, that it has been bestowed upon Dr. R. Bridges, of this city, well known as an excellent chemist.

*University of Maryland*.—Dr. Roby.—Dr. Joseph Roby has received the appointment of Professor of Anatomy in the University of Maryland.—*Boston Med. and Surg. Journal*, May 11, 1842.

*New York Society for the Relief of the Widows and Orphans of Medical Men*.—We are pleased to see a movement in this praiseworthy direction made in New York by some of the most respectable members of the profession; and although, from the programme submitted to the meeting, the contemplated relief is intended to be but small, it is the commencement of a noble scheme, and may be more fully matured hereafter. We shall look with much interest to the further developments, which, we trust, may be entirely successful.

*Ileus, in consequence of Hypertrophy of the Pancreas, producing Stricture of the Duodenum*.—A country gentleman, of strong appearance, had felt for six or eight months, a sense of weight in the region of the stomach and navel, which prevented him moving at all after eating, as this gave rise to great uneasiness; he was in the habit of drinking great quantities of water, and experienced much relief from eructation. Four days previous to N. (narrator of the case,) seeing him, which was on the 20th July, he had indulged rather freely at an entertainment in the neighbourhood, and after having driven home somewhat late at night, he took a vomit, with effect; but instead of being relieved, he became gradually worse, and soon presented

<sup>1</sup> *Hannover. Annalen*, Ed. v. 2 Heft. and *Lond. and Edinb. Monthly Journal of Med. Science*, April, 1842, p. 390.

all the symptoms of ileus, without any of those of inflammation. Despite of the usual remedies, he died 22d July.

*Autopsy.*—There was no trace of inflammation, nor of effusion into abdomen. The pancreas, however, had lost its natural appearance, and exhibited a soft succulent fleshy aspect, without any scirrhus or tuberculous deposition; it was enormously hypertrophied, being almost as large as the head of a fœtus of four months old, and had so completely inclosed almost three inches of the duodenum, that this had become so narrowed as hardly to admit a goose quill. Between this stricture and the pylorus, the duodenum was expanded into a sort of second stomach, where, no doubt, the contents of the stomach remained, until so diluted as to pass the stricture; hence the patient's insatiable drinking propensity.

*Case of Complete Obliteration of the Aorta.* By Dr. Roemer, Professor of Anatomy at Vienna.—An officer, high in rank in the Austrian army, who had served during the war from 1770 to 1815, and had always enjoyed good health till his 45th year, went at that time to reside at Mayence. He then suffered frequently from dyspnœa and gasralgia, but did not apply for medical advice until he had had several attacks of threatened suffocation, and his stomach had refused to receive every kind of food. During a year he was treated homœopathically, without benefit. Severe palpitations then came on, accompanied by œdema of the extremities. The continued use of bismuth and digitalis made the dyspnœa and vomiting almost entirely disappear, but the pulse continued rapid, vibrating, and full. As his decease approached, he was seized with hoarseness and a small dry cough; and at last he expired suddenly in his fiftieth year, while playing at whist.

*Post-mortem examination.*—The contents of the cranium were healthy, with the exception of a softened and exsanguine state of the brain, and ossification of the basilar artery. Four ounces of serum were found at the base of the skull. The heart was considerably hypertrophied; the valves were healthy. The aorta, as far as the origin of the arteria innominata, was much dilated, which latter was almost twice its normal size. The subclavians and the left carotid artery did not appear unnaturally large. The coronary arteries were ossified to the extent of about three inches. From the origin of the arteria innominata, to the point where the ductus arteriosus enters, the aorta became gradually smaller, and at this latter spot the diameter did not exceed half an inch; it was there found obliterated to the same extent; its thoracic and abdominal portion was hardly as large as that of a child ten or twelve years old; the walls of these vessels were evidently thickened. The intercostal arteries, which arose below the obliteration, had nearly the diameter of a quarter of an inch, and communicated freely between the third and fourth ribs, with the mammary and thoracic arteries. It was by means of these anastomoses that the collateral circulation was established; the pulmonary arteries were greatly dilated; the left laryngeal recurrent nerve was greatly stretched, and the turn which it makes round the aorta corresponded to the obliterated point of that vessel. Biliary calculi were found in the gall-bladder. The lungs and other organs were healthy.

*A case of Poisoning with Laudanum.* By Casper Morris, M.D., of Philadelphia.<sup>2</sup>—Mrs. A. intending to administer a dose of oil to her infant, four months old, to prevent griping, attempted to add to it two drops of laudanum. It escaped more rapidly than she wished from the vial, but supposing from the appearance, there might be about three drops, she gave it

<sup>1</sup> Arch. Gén. de Médecine, Dec. 1841, and Lond. and Edinb. Monthly Journal of Med. Science, April, 1842, p. 391.

<sup>2</sup> Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. February, March and April, 1842.

at a venture. The child soon fell asleep, and though it appeared nervous and twitched frequently, she felt no uneasiness till it was seized with convulsions, about three hours after the dose had been taken. I was then sent for, and found it with general convulsions, stertorous breathing, hot skin, pupils contracted to mere points—the stupor was so deep that it could not be aroused by any efforts I could make. I at once administered a dose of sulphate of zinc, which I had carried with me, and enema of strong salt and water hourly, a part of which was retained without exciting the least sensation. On examining the laudanum bottle, I found there were about twenty drops remaining at the bottom of an ounce vial, the sides of which were coated with a deposit of opium; the little fluid at the bottom being very turbid, and containing many fragments of opium of considerable size. I at once come to the conclusion that we had no means of estimating the amount of opium taken. In the first place, the uncertainty as to the number of drops, was very great; any one who has dropped laudanum into castor oil, may have observed how very deceptive is the appearance it presents. In addition to this cause of uncertainty, the turbid fluid was of much greater strength than the clear filtered tincture; but above all, the probability that a portion of solid opium had escaped with the fluid was so great as to amount almost to certainty. Under these circumstances, the stomach being little likely to respond to the impression of remedies, I introduced a large catheter into it, and injected a quantity of warm water. This was promptly returned through the tube, (and I may remark in passing, that I have before witnessed the same result,) so freely and promptly, that there was no occasion for any effort to draw it off by the syringe. The water was returned perfectly pure; there was, however, no mitigation of the symptoms. In the meanwhile mustard cataplasms had been applied to the extremities, and iced water repeatedly dashed upon the head, but neither was sufficient to arouse the child. On the contrary, the respiration became more slow—the skin cold, and the consciousness diminished. I had the child placed in a warm mustard bath, which excited one cry, the first and only token of sensation manifested for many hours. Dr. Hodge, who had been summoned to my aid, arrived at this juncture. The coldness of the surface and tokens of prostration becoming urgent, we agreed to administer brandy and water. In the effort to swallow the first tea-spoonful, convulsions set in, whether caused or not by some drops insinuating themselves into the larynx, it would be difficult to say.—Convulsion after convulsion ensued, destroying the power of deglutition entirely. Fearing, lest in the passage of the tube into the stomach for the purpose of stimulating the child by a continued use of the brandy, the spasm might be aggravated, we threw a table-spoonful of brandy mixed with a cupful of warm water into the rectum. The surface still continued cold; there was not even heat of the head; the breathing was much interrupted—the face livid. A warm mustard bath was again resorted to, but without any effect; the child was indeed taken from it, as we thought, moribund. The spasm increasing in violence, the action of the heart alone indicated the retention of life. While Dr. Hodge was employing friction to the body, I thrust my finger into the mouth, and found the jaw rigid and the tongue thrust forcibly backward and upward against the palate. It occurred to me at the moment that even if an effort at respiration should be made, all access of air to the lungs was effectually prevented by this condition of the mouth; placing, therefore, two fingers upon the tongue and the thumb between the jaws, I held it forcibly open, at the same time requesting Dr. Hodge to compress forcibly the chest and belly so as to empty the lungs: this was repeated frequently, the elasticity of the cartilages, and the descent of the diaphragm causing air to be drawn into the lungs. This was repeated for at least three minutes, action of the heart only giving indication of the presence of vital power. At length a long sigh was drawn and natural respiration re-established. Still the surface remained cold, and there was no manifestation of a diminution of the influence of the opium, although between six and seven hours had elapsed

since its administration. A large sinapism was applied to the anterior part of the body, which speedily induced redness, but without exciting the sensibility of the patient. It was then removed to the back without any more favourable result. Cold air was blown upon the face repeatedly with equal want of success. The mustard failing to excite permanent warmth, at the suggestion of Dr. Hodge, linen cloths were heated at the fire and applied so hot, that it was with difficulty they could be retained in the hands; by this means an artificial heat was communicated to the skin and the congestion of the great vessels relieved, the body soon becoming red as though covered with a vivid eruption. Before this was finally effected, convulsions again occurred, producing the same suspension of the respiration, and coldness and lividity of the surface, and this time there was *no perceptible action of the heart*. We all thought the child dead. The same process was again resorted to for the purpose of inflating the lungs, with the addition of blowing into the throat whilst held open. So satisfied was I that the case was past recovery that I should have abandoned it as hopeless, but the active and untiring zeal of Dr. Hodge was not so easily subdued, and we persevered again, and were both astonished and delighted to witness the re-establishment of natural respiration. For several hours we persevered in the application of the hot linen cloths—certainly the most effectual way of imparting heat to the body—and at ten o'clock at night, just eleven hours after the dose had been given, we left the child crying heartily for drink, and by the next morning it had entirely recovered from all the consequences of the dose.

Dr. Condie suggested whether the case related by Dr. Morris, was not one in which the establishment of artificial respiration, as practised by Mr. Charles S. Smith, in an instance recorded in the twentieth volume of the London Medico-Chirurgical Transactions, would have contributed to a more prompt restoration of the vital functions, or at least have been an additional means of securing the final recovery of the patient. Dr. C. believed that in very many cases of poisoning by opium and other narcotics, the employment of artificial respiration would most effectually contribute to the success of the other means resorted to, if not in itself sufficient to prevent a fatal result. He should not, himself, hesitate, where the artificial inflation of the lungs could not otherwise be effected, to make an opening into the trachea for the introduction of a tube.

Dr. Parrish remarked that the present case was a peculiarly interesting one, in consequence of the complete restoration of the powers of life, after the entire cessation of the action of the heart and lungs. The length of time during which the vital functions may be suspended, with the possibility of their subsequent restoration, has been the subject of considerable discussion. In the case just related, the cessation of the entire functions of respiration and circulation continued, as it appears, but for a few minutes, and Dr. P. believed, that there was no well authenticated instance of resuscitation in cases of asphyxia from submersion, where the suspension of respiration has continued longer than three or four minutes.—Instances have been related, it is true, in which resuscitation is said to have taken place after a body has been fifteen to twenty minutes under water, but it is evident, that, in these instances, there is a positive mis-statement as to the time the body has remained in the water. It may be very confidently asserted, that after the lungs have ceased acting for five minutes, every effort to again rouse them into action will be in vain. This is the opinion of Dr. Edwards, whose recent experiments and observations constitute the highest authority on this subject.

Dr. Pepper observed that a careless observer might too readily be led into error, as to the period during which the lungs and heart have ceased to act, in cases of poisoning with opium, in consequence of the extreme slowness and feebleness with which their functions are often performed for some time before they cease entirely.